

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

**In re:**

**W.R. GRACE & CO., et al.,**

## Debtors.

## Chapter 11

**Case No. 01-1139 (JKF)**  
**Jointly Administered**

**Objection Date: February 18, 2009 at 4:00 p.m.**  
**Hearing: Schedule if Necessary (Negative Notice)**

**COVER SHEET TO FORTY-NINTH MONTHLY INTERIM APPLICATION OF  
DAVID T. AUSTERN, ASBESTOS PI FUTURE CLAIMANTS' REPRESENTATIVE  
FOR COMPENSATION AND REIMBURSEMENT OF EXPENSES FOR THE PERIOD  
NOVEMBER 1, 2008 THROUGH NOVEMBER 30, 2008**

Name of Applicant:

David T. Austern, Asbestos PI  
Future Claimants' Representative  
("FCR")

Authorized to Provide Professional  
Services to:

As the FCR

Date of Retention:

May 25, 2004

Period for which compensation is sought:

November 1, 2008 through November 30, 2008

Amount of Compensation (100%) sought  
as actual, reasonable, and necessary:

\$1,880.00

80% of fees to be paid:

\$2,350.00<sup>1</sup>

Amount of Expense Reimbursement sought  
as actual, reasonable and necessary:

\$0.00

Total Fees @ 80% and 100% Expenses:

\$2,350.00

<sup>1</sup> Pursuant to the Administrative Order, as Amended dated April 17, 2002, absent timely objections, the Debtors are authorized and directed to pay 80% of fees and 100% expenses.

This is an:     \_\_\_   interim     X   monthly     \_\_\_   final application.

The total time expended for fee application preparation during this time period is 0.00 hours and the corresponding fees are \$0.00 and expenses are \$0.00. Such time spent on such tasks will be requested in subsequent monthly interim applications or have been performed by the FCR's bankruptcy counsel, Orrick, Herrington & Sutcliffe LLP.

**COMPENSATION SUMMARY**  
**NOVEMBER 2008**

<b><u>Name of Professional Person</u></b>	<b><u>Position of Applicant</u></b>	<b><u>Hourly Billing Rate</u></b>	<b><u>Total Billed Hours</u></b>	<b><u>Total Compensation</u></b>
David T. Austern	Future Claimants' Representative	\$500.00	4.70	\$2,350.00
<b>Grand Total:</b>			<b>4.70</b>	<b>\$2,350.00</b>
<b>Blended Rate: \$500.00</b>				

**Total Fees:               \$ 2,350.00**  
**Total Hours:             4.70**  
**Blended Rate:          \$ 500.00**

**COMPENSATION BY PROJECT CATEGORY**

<b><u>Project Category</u></b>	<b><u>Total Hours</u></b>	<b><u>Total Fees</u></b>
Plan and Disclosure Statement	4.70	\$2,350.00
<b>TOTAL</b>	<b>4.70</b>	<b>\$2,350.00</b>

**EXPENSE SUMMARY**

<b><u>Expense Category</u></b>	<b><u>Total</u></b>
<b>TOTAL</b>	<b>\$0.00</b>

Respectfully submitted,

Dated: January 23, 2009

/S/ DAVID T. AUSTERN

David T. Austern  
Claims Resolution Management Corporation  
3110 Fairview Park Drive, Suite 200  
Falls Church, VA 22042-0683  
(703) 205-0835